

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

KC 22983

SL 1537

-61-031239

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED SEP 6 1961 18

1003

7998

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Length of stay in lb 11 DAYS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMIN HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 3346 Greenwood Blvd		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle M. Last YATES		4. DATE OF DEATH Month 8-27-61 Day Year	
5. SEX MALE	6. COLOR OR RACE CAU	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-21-99
9. AGE (last birthday) 62		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUS DRIVER		10b. KIND OF BUSINESS OR INDUSTRY PUBLIC SERVICE	
11. BIRTHPLACE (City and state or country) SALEM, MO.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME JOHN L. YATES		13b. MOTHER'S MAIDEN NAME SARAH INMAN	
14. NAME OF HUSBAND OR WIFE ANNA M. YATES			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWI		17. INFORMANT Address Anna M. Yates 3346 Greenwood St. Louis 17	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ATELECTOSIS, MARKED TRACHEOBRONCHIAL TREE SECRETIONS RETAINED, GENERALIZED Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ASTHMA, BRONCHIAL AND PULMONARY EMPHYSEMA, DUE TO (c) CHRONIC		INTERVAL BETWEEN ONSET AND DEATH 12 HRS 20 HRS YRS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 241*		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21a. DEATH OCCURRED AT 7:10 AM		21b. DEATH OCCURRED ON 8-17-61 to 8-27-61 and between times 8-27-61	
22a. SIGNATURE J. M. TOOMEY, MD., VA HOSPITAL ST. LOUIS 6, MISSOURI		22b. ADDRESS 22c. DATE SIGNED 9/28/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 8-30-61	23c. NAME OF CEMETERY OR CREMATORY JEFF BRKS NATL CEMETERY	23d. LOCATION (City, town, or county) JEFFERSON BARRACKS, MO.
24. FUNERAL DIRECTOR JAY B. SMITH		25. DATE RECD. BY LOCAL REG. AUG 28 1961	
ADDRESS Maplewood 17, Mo.		26. REGISTRAR'S SIGNATURE Carl Smith MD	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Melvin Bartlett

Licensed Embalmer No. 4903

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.